

**DoD Medical Examination Review Board
8034 Edgerton Drive, Suite 132
USAF Academy, Colorado 80840-2200**

PRESENT HEALTH QUESTIONNAIRE

NAME: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

Please complete the questions below (referring to the timeframe from your last DoDMERB exam to present day) and return this form to DoDMERB at the above address: Note: If you have had any changes to your health since your last DoDMERB examination, please include copies of those treatment records.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC 133, 3012, 5031, 8013, and Executive Order 9397

PRINCIPAL PURPOSE: To determine medical acceptability or update a medical file as part of the application process to a United States Service Academy, Reserve Officer Training Corp (ROTC) Scholarship Program, or the Uniformed Services University of the Health Sciences (USUHS).

ROUTINE USES: This information may be disclosed to the Coast Guard Academy and Merchant Marine Academy for applicants to their Academies.

DISCLOSURE: Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy. Use of the Social Security Number (SSN) is used for positive identification of records.

1) Please make a statement of your present health: _____

2) Since your last DoDMERB exam, please list name(s) of medication(s) and reason for taking them (If you have not taken any medications, state "NONE"): _____

3) Brief explanation of medical/dental care received since last DoDMERB exam, if applicable. (If not applicable, state "NONE"): _____

4) Certification: By signing below, I hereby certify that I have not received (other than mentioned above) any medical or dental care/treatment since the date of my last DoDMERB examination.

Applicant's Signature

Date

Present Health Questionnaire